

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



SOLICITOR'S APPLICATION

OFFICIAL USE ONLY

License Number:		Date Accepted:				Accepted by:			
Fees Paid: \$	From	To	Issue Date:		From	To			
Date Approved by Board / /	Initial: →								
Date Denied by Board / /	Initial: →								

TO BE COMPLETED BY APPLICANT

1. Applicant's Name (Last, First, Middle Initial):					
2. Date of Birth:		3. Place of Birth:		4. Home Telephone Number:	
5. Residential Address			City		State Zip Code
6. Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please bring in qualifying documents and provide the information below:					
7. a. <input type="checkbox"/> US Passport b. <input type="checkbox"/> Naturalization papers c. <input type="checkbox"/> Work permit		d. <input type="checkbox"/> Green card e. <input type="checkbox"/> Visa		f. Certificate number:	
				g. Expiration date:	
8. Have you ever: a. received or applied for any alcoholic beverage license in D.C. or any state or territory <input type="checkbox"/> Yes <input type="checkbox"/> No b. had any alcoholic beverage license suspended or revoked <input type="checkbox"/> Yes <input type="checkbox"/> No c. been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years (<i>If yes, attach a copy of the court disposicion(s).</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Does any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly, in any ABC licensed establishment in the District of Columbia?					<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you have answered yes to question 8 or 9, please submit a detailed explanation.					
11. Certification I _____, hereby certify that, I have obtained and read Title 25 of the D.C. Official Code and Title 23 of the District of Columbia Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained therein. I, certify under penalty of perjury, that the statements in the foregoing are true and correct.					
_____ Signature		Subscribed and sworn to before me on this ____ day of ___, 20__.		_____ Notary Public	
				My commission expires on _____	
12. In what language do you need vital documents translated?					

Solicitor's Employment Certification

13. To be completed by a Sole Proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, the President or Vice President must sign, if LLC, the managing member.

14. Are you a licensed DC Wholesaler? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list the state where you hold a license: _____		
15. Employer's name (As shown on the ABC License): _____		
16. Employer's Address: (As shown on the ABC License): _____		
17. Trade name: _____	18. Business Telephone: _____	19. License Number: _____
If you are a Sole Proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, the President or Vice President must sign, if LLC, the managing member must sign the below certification.		
20. Certification: I hereby certify under penalty of perjury that I, (we), have employed the above referenced applicant, as an Alcoholic Beverage Control Solicitor.		
Printed name: _____		
_____ Signature	Subscribed and sworn to before me on this _____ day of _____, 20____.	_____ Notary Public My commission expires on _____.
Printed name: _____		
_____ Signature	Subscribed and sworn to before me on this _____ day of _____, 20____.	_____ Notary Public My commission expires on _____.
Printed name: _____		
_____ Signature	Subscribed and sworn to before me on this _____ day of _____, 20____.	_____ Notary Public My commission expires on _____.

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

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**INSTRUCTIONS FOR FILING APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL (ABC)
SOLICITOR'S LICENSE APPLICATION**

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply; fill in the word **"NONE"**.

FEE: The application must be accompanied by the proper license fee. The Solicitor's annual fee is \$325. Please see the attached prorated fee schedule. **All payments can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check, or money order, payable to the D.C. Treasurer, cash, or by credit card (except for American Express).**

- **All persons applying for the Solicitor's License must be 21 years of age.**
- Applications must be submitted in person, Monday through Friday, between the hours of 8:30 a.m. to 3:30 p.m. **Please bring a valid government issued identification with you.**
- Please note the term **"APPLICANT"** as used in this application designates the person in whose name the license will be issued if the application is approved.
- Your license may be issued the same day or it may be forwarded to the ABC Board for review.
- Please be advised that you need a separate solicitor's license for each company that employees you.
- Application forms must be notarized where applicable.
- Attach extra sheets if necessary. Write, **"see attachment"** in any space, and print your name on the top of each sheet.

NOTE: The D.C. Department of Consumer & Regulatory Affairs (DCRA), Corporations Division and the Office of Tax and Revenue (OTR) are located at 941 North Capital Street, N.E., 1st Floor, Washington, DC 20002.

Instructions for the Solicitor's Application:

1. Print applicant's name (Last Name, First Name, Middle Initial);
2. Print applicant's date of birth;
3. Print applicant's place of birth;
4. Print applicant's home telephone number;
5. Print applicant's home address (street number and name, city, state and zip code)
6. Check appropriate box, Yes or No, if you are eligible to work in the U.S. If yes, please bring in qualifying documents and provide the information requested in number 7;
7. Check the appropriate box, U.S. passport, naturalization papers, green card, visa, or work permit, and list the certificate number under 7f. and expiration date under 7g.;
 - a. U.S. passport
 - b. naturalization papers
 - c. green card
 - d. visa
 - e. work permit
8. Check appropriate box for the following questions, "Have you ever":
 - i. received or applied for any alcoholic beverage license in DC or any state;
 - ii. had any alcoholic beverage license suspended or revoked; or
 - iii. been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years. If yes, attach copy of the court disposition;
9. Check appropriate box, Yes or No, as to whether any member of your immediate family now holds an ABC license or have any financial interest, directly or indirectly, in any ABC licensed establishment in DC;
10. If you have answered yes to question 8 or 9 please submit detailed explanation;
11. Certificate: You must sign the Certification which states: " Certification: I, hereby certify that, I have obtained and read Title 25 of the DC Official Code and Title 23 of the District of Columbia Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained therein. I certify under penalty of perjury, that the statements in the foregoing are true and correct." Print your name and have your signature notarized.
12. Please answer the question: In what language do you need vital documents translated?
13. **Solicitor's Employment Certification** is to be completed by a Sole Proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, the President or Vice President must sign, if LLC, the managing member.
14. Check the appropriate box, Yes or No, as to whether you are a licensed DC Wholesaler. If "No", please list the state where you hold a license.
15. Print Employer's Name as shown on ABC license;
16. Print Employer's Address as shown on ABC license;
17. Print Trade name;
18. Print Business telephone number;

19. Print License number;
20. If employer is a Sole Proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, the President or Vice President must sign, if LLC, the managing member must sign the certification, which states, "Certification: I hereby certify under penalty of perjury that I, (we) , have employed the above referenced applicant, as an Alcoholic Beverage Control Solicitor. " Print your name and have your signature notarized.

Other forms required:

Clean Hands Certification for the applicant:

Complete appropriate information then have form stamped by the District of Columbia's Office of Tax and Revenue located at 941 North Capital Street, N.E., 1st Floor, Washington, D.C. 20002.

Police Clearance:

All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Avenue, N.W., Washington, D.C. 20001. In addition, you must submit a police clearance for the jurisdiction in which you currently reside.

Court Disposition:

All persons with a misdemeanor conviction during the last five (5) years or a felony conviction during the last ten (10) years must submit a copy of the court disposition.

Other documents that are required to be submitted only if the person applying for the Solicitor's License is the owner of said business:

Federal Permit may be obtained from the U.S. Department of Alcohol, Tobacco and Firearms.

D.C. Corporate Certificate of Good Standing and Article of Incorporation may be obtained from DCRA.

D.C. Sales & Use Tax Certificate of Registration may be obtained from OTR.

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SOLICITOR'S PRORATED LICENSE FEE SCHEDULE

The following fees are prorated based on the month you submit your application.

MONTH	FEE
July	\$325
August	\$298
September	\$271
October	\$244
November	\$217
December	\$190
January	\$163
February	\$136
March	\$109
April	\$82
May	\$379
June	\$352

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Personal History Affidavit

Sole Proprietor, Partner(s), Corporate Officer(s), Director(s), Managing Member(s), General Partner(s), Investor(s), or any person or any officer in an entity that has an ownership interest of 25% or more.

1. <input type="checkbox"/> New Application		2. <input type="checkbox"/> Transfer Application		3. <input type="checkbox"/> Stock Transfer Application	
4. Trade Name					
5. Name (Last, First, Middle Initial):			6. Title		
7. Residential Address:		City		State	Zip Code
8. Home Telephone Number:		9. Date of Birth:		10. Place of Birth:	
11. Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please bring in qualifying documents and provide the information below:					
12. a. <input type="checkbox"/> US Passport		d. <input type="checkbox"/> Green card		f. Certificate number:	
b. <input type="checkbox"/> Naturalization papers		e. <input type="checkbox"/> Visa		g. Expiration date:	
c. <input type="checkbox"/> Work permit					
13. Have you ever: a. received or applied for any alcoholic beverage license in D.C. or any state or territory <input type="checkbox"/> Yes <input type="checkbox"/> No b. had any alcoholic beverage license suspended or revoked <input type="checkbox"/> Yes <input type="checkbox"/> No c. been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years <i>(If yes, attach a copy of the court disposicion(s).)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
14. Does any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly, in any ABC licensed establishment in the District of Columbia?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. If you have answered yes to question 13 or 14, please provide detailed information below.					
16. Certification: I hereby certify under penalty of perjury that the information in this application is true and correct.					
<div style="display: flex; justify-content: space-between;"><div style="width: 25%;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>Signature</div><div style="width: 45%; text-align: center;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>Subscribed and sworn to before me on this ____ day of ___, 20__.</div><div style="width: 25%; text-align: center;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>Notary Public</div><div style="width: 25%; text-align: right;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>My commission expires on _____.</div></div>					

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FOR OFFICIAL USE
ONLY

OFFICE OF TAX &
REVENUE (OTR)

SIGNATURE

DATE

CLEAN HANDS CERTIFICATION

ALL INDIVIDUALS THAT HAVE AN OWNERSHIP INTEREST MUST COMPLETE THIS FORM.

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.

I, _____, as _____,
(Name – Print or Type) (Applicant's Title)

certify that _____, social security number _____

as of this date _____, does not owe more than \$100.00 to the District of Columbia Government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code Sec. 8-801 *et seq.*);
2. Fines, penalties or interest assessed pursuant to the illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*); or
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority Service Fees;
6. Traffic adjudication fines or penalties;
7. Parking fines or penalties assessed by other jurisdictions, provided, that a reciprocity agreement is in effect between the jurisdiction and the District;
8. Fines assessed to car dealers; and
9. Fines assessed pursuant to the Taxicab and Limousine Commission Establishment Amendment Act of 2004.

I understand that if I knowingly falsify this Certification, the Administration will move to revoke the license or permit for which I am applying, and fine me \$1,000.00 (one thousand dollars). I further understand that the Administration may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

Signature

Print Name/Title

ABC Application Number

ABC License Number

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